# United States Bankruptcy Court Northern District of West Virginia

| IN | RE:  |  | Case No   |                       |                |
|----|--|--|---|-----------------------|----------------|
| Ho | tt, Shirley Ann  |  | Chapter <u>7</u>  |                       |                |
|    |  | otor(s)  |   |                       |                |
|    | DISCLOSURE (   | OF COMPENSATION  | OF ATTORNEY FOR DEBTO   | R                     |                |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Ru one year before the filing of the petition in bankrupt of or in connection with the bankruptcy case is as for   | otcy, or agreed to be paid to me, for  |   |                       |                |
|    | For legal services, I have agreed to accept  |  |   | \$                    | 850.00         |
|    | Prior to the filing of this statement I have received  |  |   | \$                    | 850.00         |
|    | Balance Due  |  |   | \$                    | 0.00           |
| 2. | The source of the compensation paid to me was:   | Debtor Other (specify):  |   |                       |                |
| 3. | The source of compensation to be paid to me is:  | Debtor Other (specify):  |   |                       |                |
| 4. | I have not agreed to share the above-disclosed   | compensation with any other pers   | on unless they are members and associates of  | my law firm.          |                |
|    | I have agreed to share the above-disclosed cortogether with a list of the names of the people  |  |   | aw firm. A copy of    | the agreement, |
| 5. | In return for the above-disclosed fee, I have agreed   | to render legal service for all aspec  | cts of the bankruptcy case, including:  |                       |                |
| 6. | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of d. Representation of the debtor in adversary proce. [Other provisions as needed]  By agreement with the debtor(s), the above disclose | es, statement of affairs and plan w<br>creditors and confirmation hearing<br>eedings and other contested bankr | hich may be required;<br>g, and any adjourned hearings thereof;<br><del>uptey matters</del> ; | uptcy;                |                |
|    |  |  |   |                       |                |
|    |  |  |   |                       |                |
|    | certify that the foregoing is a complete statement of a roceeding.   | CERTIFICAT any agreement for   |   | (s) in this bankrupto | су             |
|    | April 1, 2010  | /s/ Brian J. Vance   |   |                       |                |
| _  | Date   | Brian J. Vance 10279<br>Sherman Law Firm<br>Lawrence E. Sherman<br>P.O. Box 1810<br>Romney, WV 26757           |   |                       |                |
|    | Case 3:10-bk-00745 Doc   | Bvance@leshermanlaw.com  1 Filed 04/01/10  Document Pa   | <del>Entered 04/01/10 10:04:13</del><br>age 1 of 46   | <del>- Desc Mai</del> | n              |

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# **Chapter 7:** Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

B201A (Form 201A) (12/09) Page 2

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy">http://www.uscourts.gov/bkforms/bankruptcy</a> forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

# **United States Bankruptcy Court** Northern District of West Virginia

| IN RE:            | Case No                      |
|-------------------|------------------------------|
| Hott, Shirley Ann | Chapter <b>7</b>             |
| Debtor(s)         |                              |
| CERTIFICATION OF  | NOTICE TO CONSUMER DERTOR(S) |

| UNDER § 342(b) OF TI   | HE BANKRUPTCY CODE  |  |
|--|---|--|
| Certificate of [Non-Attorney   | ] Bankruptcy Petition Preparer                                      |  |
| I, the [non-attorney] bankruptcy petition preparer signing the debt notice, as required by § 342(b) of the Bankruptcy Code.  | or's petition, hereby certify that I delive                         | ered to the debtor the attached  |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:   | petition prepa<br>the Social Sec<br>principal, res<br>the bankrupto | ty number (If the bankruptcy arer is not an individual, state curity number of the officer, ponsible person, or partner of ty petition preparer.)  11 U.S.C. § 110.) |
| X Signature of Bankruptcy Petition Preparer of officer, principal, repartner whose Social Security number is provided above. |   | • /  |
| Certificate  | of the Debtor   |  |
| I (We), the debtor(s), affirm that I (we) have received and read the   | e attached notice, as required by § 342(1                           | o) of the Bankruptcy Code.   |
| Hott, Shirley Ann  | X /s/ Shirley Ann Hott  | 4/01/2010  |
| Printed Name(s) of Debtor(s)   | Signature of Debtor   | Date   |
| Case No. (if known)  |   |  |
|  | Signature of Joint Debtor (if any)                                  | Date   |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

| B22A (Official Form 22A) (Chapter 7) (04/10) | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |
|--|--|
| In re: Hott, Shirley Ann  Debtor(s)          | <ul><li>☐ The presumption arises</li><li>☑ The presumption does not arise</li><li>☐ The presumption is temporarily inapplicable.</li></ul> |
| Case Number:                                 |  |

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|     | Part I. MILITARY AND NON-CONSUMER DEBTORS  |
|-----|--|
| 1A  | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |
| 171 | □ <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).   |
| 1B  | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |
|     | ☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.  |
|     | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C  | Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard   |
|     | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  |
|     | OR   |
|     | b.   I am performing homeland defense activity for a period of at least 90 days /or/  I performed homeland defense activity for a period of at least 90 days, terminating on   |

|   |   | Part II. CALCULATION   | OF MONTH                         | LY INCO                     | ME FOR § 707(b)(7) E                             | XCI | LUSION                        |                                |
|---|---|--|----------------------------------|-----------------------------|--|-----|-------------------------------|--------------------------------|
|   | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. ✓ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.  b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." |  |                                  |                             |  |     |                               |                                |
| 2 | Complete only Column A ("Debtor's Income") for Lines 3-11.  |  |                                  |                             |  |     | aplete both                   |                                |
|   | the s   | Lines 3-11.  igures must reflect average monthly ix calendar months prior to filing the thebefore the filing. If the amount of divide the six-month total by six, and the six-month total by six-month tota | e bankruptcy ca<br>monthly incon | ase, ending<br>ne varied du | on the last day of the uring the six months, you | Г   | olumn A<br>Debtor's<br>Income | Column B<br>Spouse's<br>Income |
| 3 | Gros  | ss wages, salary, tips, bonuses, ove   | ertime, commis                   | ssions.                     |  | \$  | 1,430.95                      | \$                             |
| 4 | Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.   |  |                                  |                             |  |     |                               |                                |
| ' | a.  | Gross receipts   |                                  | \$                          |  |     |                               |                                |
|   | b.  | Ordinary and necessary business e  | expenses                         | \$                          |  |     |                               |                                |
|   | c.  | Business income  |                                  | Subtract I                  | Line b from Line a                               | \$  |                               | \$                             |
| _ | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.   |  |                                  |                             |  |     |                               |                                |
| 5 | a.  | Gross receipts   |                                  | \$                          |  |     |                               |                                |
|   | b.  | Ordinary and necessary operating   | expenses                         | \$                          |  |     |                               |                                |
|   | c.  | Rent and other real property incor   | ne                               | Subtract I                  | Line b from Line a                               | \$  |                               | \$                             |
| 6 | Inte  | rest, dividends, and royalties.  |                                  |                             |  | \$  |                               | \$                             |
| 7 | Pens  | sion and retirement income.  |                                  |                             |  | \$  |                               | \$                             |
| 8 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.  |  |                                  |                             | nild support paid for                            | \$  |                               | \$                             |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |  |                                  |                             |  |     |                               |                                |
|   | cla   | employment compensation imed to be a benefit under the cial Security Act   | Debtor \$                        |                             | Spouse \$  | \$  |                               | s                              |

19A

| B22A ( | (Official Form 22A) (Chapter 7) (04/10)   |  |                                 |              |
|--------|---|--|---------------------------------|--------------|
| 10     | Income from all other sources. Specify source and amount. If necessary, lis sources on a separate page. Do not include alimony or separate maintenant paid by your spouse if Column B is completed, but include all other pay alimony or separate maintenance. Do not include any benefits received un Security Act or payments received as a victim of a war crime, crime against a victim of international or domestic terrorism.   | nnce payments<br>yments of<br>nder the Social                                    |                                 |              |
|        | a.  | \$   |                                 |              |
|        | b.  | \$   |                                 |              |
|        | Total and enter on Line 10  |  | \$                              | \$           |
| 11     | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter to   |  | \$ 1,430.95                     | \$ \$        |
| 12     | Total Current Monthly Income for § 707(b)(7). If Column B has been con Line 11, Column A to Line 11, Column B, and enter the total. If Column B is completed, enter the amount from Line 11, Column A.  |  | \$                              | 1,430.95     |
|        | Part III. APPLICATION OF § 707(B)(7) E  | EXCLUSION  |                                 |              |
| 13     | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount 12 and enter the result.   | nt from Line 12 h  | •                               | \$ 17,171.40 |
| 14     | <b>Applicable median family income.</b> Enter the median family income for the household size. (This information is available by family size at <a href="www.usdoj.g">www.usdoj.g</a> the bankruptcy court.)  |  |                                 |              |
|        | a. Enter debtor's state of residence: West Virginia b. Enter  | er debtor's househ   | nold size: 1                    | \$ 39,135.00 |
|        | <b>Application of Section707(b)(7).</b> Check the applicable box and proceed as   |  |                                 |              |
| 15     | The amount on Line 13 is less than or equal to the amount on Line 1 not arise" at the top of page 1 of this statement, and complete Part VIII;  |  |                                 |              |
|        | ☐ The amount on Line 13 is more than the amount on Line 14. Complete  | •  |                                 |              |
|        | Complete Parts IV, V, VI, and VII of this statement onl   | ly if required   | . (See Line 15                  | 5.)          |
|        | Part IV. CALCULATION OF CURRENT MONTHLY   | INCOME FOI   | R § 707(b)(2)                   |              |
| 16     | Enter the amount from Line 12.  |  |                                 | \$           |
| 17     | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 th Line 11, Column B that was NOT paid on a regular basis for the household debtor's dependents. Specify in the lines below the basis for excluding the C payment of the spouse's tax liability or the spouse's support of persons other debtor's dependents) and the amount of income devoted to each purpose. If adjustments on a separate page. If you did not check box at Line 2.c, enter zero. | expenses of the d<br>Column B income<br>or than the debtor<br>necessary, list ad | debtor or the e (such as or the |              |
|        | b.  | \$   |                                 |              |
|        | c.  | \$   |                                 |              |
|        | Total and enter on Line 17.   |  |                                 | \$           |
| 18     |   |  |                                 |              |

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)** 

**National Standards: food, clothing and other items.** Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information

| 19B  | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |   |                       |                 |                  | ds for rs of e as |                |       |             |
|------|---|---|-----------------------|-----------------|------------------|-------------------|----------------|-------|-------------|
|      | Ho  | usehold members under 65 ye   | ars of age            | Hou             | sehold memb      | ers 65 years of   | age or olde    | r     |             |
|      | a1.   | Allowance per member  |                       | a2.             | Allowance p      | er member         |                |       |             |
|      | b1.   | Number of members   |                       | b2.             | Number of 1      | nembers           |                |       |             |
|      | c1.   | Subtotal  |                       | c2.             | Subtotal         |                   |                |       | \$          |
| 20A  | and U   | Il Standards: housing and utili-<br>Utilities Standards; non-mortgag<br>mation is available at www.usdo | ge expenses for the   | appli           | cable county a   | and household si  |                | ing   | \$          |
|      | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  |   |                       |                 |                  |                   |                |       |             |
| 20B  | a. IRS Housing and Utilities Standards; mortgage/rental expense   |   |                       | expense         | \$               |                   |                |       |             |
|      | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42   |   |                       | \$              |                  |                   |                |       |             |
|      | c.  | Net mortgage/rental expense   |                       |                 |                  | Subtract Line l   | o from Line    | a     | \$          |
| 21   | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |   |                       |                 |                  | nd                | \$             |       |             |
|      | I oca   | l Standards: transportation;  | vehicle operation     | /nuhli          | e transportat    | ion evnense V     | uı are entitle | ed to | Φ           |
|      | an ex   | egardless of whether you use pu   | y regardless of wh    | ether           |                  |                   |                |       |             |
| 22.4 | expe  | k the number of vehicles for what sare included as a contribution                                       |                       |                 |                  |                   | perating       |       |             |
| 22A  | □ 0 □ 1 □ 2 or more.  |   |                       |                 |                  |                   |                |       |             |
|      | If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |   |                       |                 |                  |                   |                | \$    |             |
| 220  | expe  | d Standards: transportation; anses for a vehicle and also use p   | oublic transportation | on, and         | d you contend    | that you are enti | tled to an     | ng    |             |
| 22B  | Trans   | ional deduction for your public sportation" amount from IRS Lo  | ocal Standards: Tr    | anspo           | rtation. (This a | amount is availal | ole at         | _     |             |
|      | <b>EBW</b>  | <mark>œၖၖႝૺૺૺႍၟၟၣ႞ႜ႞ၖ</mark> ၣ႞ႜ႞ႜႜႜ <mark>ၜၣ႞ၜၣ႞ႜ႞</mark>  | KIO the book by 1     | <b>y /cou</b> r | t.) Entered      | 04/01/10 10       | :04:13         | Desc  | <b>Main</b> |

|    | Oniciai I offi 22/1) (Chapter 7) (04/10)  |   |    |  |  |  |
|----|---|---|----|--|--|--|
|    | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:  |   |    |  |  |  |
| 23 | Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>                           |   |    |  |  |  |
|    | a. IRS Transportation Standards, Ownership Costs  | \$  |    |  |  |  |
|    | Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 42   | \$  |    |  |  |  |
|    | c. Net ownership/lease expense for Vehicle 1  | Subtract Line b from Line a                                   | \$ |  |  |  |
|    | <b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Cochecked the "2 or more" Box in Line 23.  | Complete this Line only if you                                |    |  |  |  |
| 24 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bathe total of the Average Monthly Payments for any debts secured by Vehic subtract Line b from Line a and enter the result in Line 24. <b>Do not enter a</b>                                      | ankruptcy court); enter in Line b le 2, as stated in Line 42; |    |  |  |  |
| 24 | a. IRS Transportation Standards, Ownership Costs, Second Car  | \$  |    |  |  |  |
|    | Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 42   | \$  |    |  |  |  |
|    | c. Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a                                   | \$ |  |  |  |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly expense federal, state, and local taxes, other than real estate and sales taxes, such as taxes, social security taxes, and Medicare taxes. Do not include real estate  | s income taxes, self employment                               | \$ |  |  |  |
| 26 | Other Necessary Expenses: involuntary deductions for employment. E payroll deductions that are required for your employment, such as retireme and uniform costs. Do not include discretionary amounts, such as voluntary expenses.  | nt contributions, union dues,                                 | \$ |  |  |  |
| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.   |   |    |  |  |  |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  |   |    |  |  |  |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. |   |    |  |  |  |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend  |   |    |  |  |  |
| 31 | reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in   |   |    |  |  |  |
| 32 | necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>   |   |    |  |  |  |
| 33 | Gasesiplasekanovatanderas statidadioteketkilototaenteras 194ketkilototaenteras por 46   |   |    |  |  |  |

| Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  |  |  |   |    |  |
|---|--|--|---|----|--|
|   | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   |  |   |    |  |
|   | a.   | Health Insurance   | \$  |    |  |
| 34  | b.   | Disability Insurance   | \$  |    |  |
| 34  | c.   | Health Savings Account   | \$  |    |  |
|   | Total  | l and enter on Line 34   |   | \$ |  |
|   |  | ou do not actually expend this total amount, state your actuate below: | nal total average monthly expenditures in |    |  |
| Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. |  |  |   | \$ |  |
| 36  | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |  |   | \$ |  |
| 37  | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  |  |   | \$ |  |
| 38  | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or   |  |   | \$ |  |
| 39  | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. |  |   | \$ |  |
| 40  | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of   |  |   | \$ |  |
| 41  | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 \$  |  |   |    |  |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

|  |  | S   | ubpart C          | C: Deductions for De       | ebt Payment                   |  |        |
|--|--|---|-------------------|----------------------------|-------------------------------|--|--------|
| <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.   |  |   |                   |                            |                               |  |        |
| 42   |  | Name of Creditor  | Property          | Securing the Debt          | Average<br>Monthly<br>Payment | Does payment include taxes or insurance? |        |
|  | a.   |   |                   |                            | \$                            | □ yes □ no                               |        |
|  | b.   |   | <u> </u>          |                            | \$                            | yes no                                   |        |
|  | c.   |   | <u> </u>          | Total: Ac                  | \$ dd lines a b and a         | yes no                                   | <br> - |
|  |  |   | <u></u>           |                            | dd lines a, b and c.          |  | \$     |
| Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |  |   |                   |                            |                               |  |        |
| 43   | Name of Creditor   |   | Property Securing | Property Securing the Debt |                               |  |        |
|  | a.   |   |                   |                            |                               | \$                                       |        |
|  | b.   |   |                   |                            |                               | \$                                       | i I    |
|  | c.   |   |                   |                            |                               | \$                                       |        |
|  |  |   |                   |                            | Total: Add                    | d lines a, b and c.                      | \$     |
| 44   | such   | nents on prepetition priority class priority tax, child support and ruptcy filing. Do not include cur | l alimony o       | claims, for which you      | u were liable at the tir      | me of your                               | \$     |
|  | follo  | pter 13 administrative expenses wing chart, multiply the amount inistrative expense.                  |                   |                            |                               |  |        |
|  | a.   | Projected average monthly chap  | pter 13 pla       | an payment.                | \$                            |  |        |
| 45   | b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  X |   |                   |                            |                               |  |        |
|  | c.   | Average monthly administrative case   | e expense         | of chapter 13              | Total: Multiply Line and b    | es a                                     | \$     |
| 46   | Tota   | l Deductions for Debt Payment   | t. Enter th       | e total of Lines 42 th     | rough 45.                     |  | \$     |
|  |  | S   | ubpart D          | : Total Deductions f       | from Income                   |  |        |
| 47   | Tota   | ol of all deductions allowed und  | er 8 707()        | h)(2) Enter the total      | of Lines 33 /11 and           | 16                                       | \$     |

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| Software             |
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| Inc.                 |
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| Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION |  |                      |  |  |  |  |  |
|---|--|----------------------|--|--|--|--|--|
| 48  | 48 Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) \$   |                      |  |  |  |  |  |
| 49  | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  |                      |  |  |  |  |  |
| 50  | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.   | \$                   |  |  |  |  |  |
| 51  | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 a enter the result.   | nd \$                |  |  |  |  |  |
|   | Initial presumption determination. Check the applicable box and proceed as directed.   |                      |  |  |  |  |  |
|   | The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  |                      |  |  |  |  |  |
| 52  | The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.   |                      |  |  |  |  |  |
|   | ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remained 53 though 55).  | er of Part VI (Lines |  |  |  |  |  |
| 53  | Enter the amount of your total non-priority unsecured debt   | \$                   |  |  |  |  |  |
| 54  | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.  | \$                   |  |  |  |  |  |
|   | Secondary presumption determination. Check the applicable box and proceed as directed.   |                      |  |  |  |  |  |
| 55  | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.   |                      |  |  |  |  |  |
| 33  | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  |                      |  |  |  |  |  |
|   | Part VII. ADDITIONAL EXPENSE CLAIMS  |                      |  |  |  |  |  |
|   | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |                      |  |  |  |  |  |
|   | Expense Description Mon  | thly Amount          |  |  |  |  |  |
| 56  | a. \$  |                      |  |  |  |  |  |
|   | b. \$  |                      |  |  |  |  |  |
|   | c. \$  |                      |  |  |  |  |  |
|   | Total: Add Lines a, b and c \$   |                      |  |  |  |  |  |
| Part VIII. VERIFICATION                           |  |                      |  |  |  |  |  |
|   | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)  |                      |  |  |  |  |  |
| 57  | 7 Date: April 1, 2010 Signature: /s/ Shirley Ann Hott  |                      |  |  |  |  |  |
|   | Date: Signature:(Joint Debtor, if any)   |                      |  |  |  |  |  |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| United Sta<br>Northern I  | ates Bankı<br>District of '   |  |  |                          |  | Volu                        | ıntary Petition                     |
|---|---|--|--|--------------------------|--|-----------------------------|-------------------------------------|
| Name of Debtor (if individual, enter Last, First, Mid Hott, Shirley Ann   |   | , , CSt <b>V</b> 11  | <u> </u>   | nt Debt                  | or (Spouse) (Last, First                       |                             | •                                   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |  |                          |  |                             |                                     |
| Last four digits of Soc. Sec. or Individual-Taxpayer EIN (if more than one, state all): <b>8185</b>   | I.D. (ITIN) No./O   | Complete   | Last four dig<br>EIN (if more  |                          |  | Гахрауег I.D                | D. (ITIN) No./Complete              |
| Street Address of Debtor (No. & Street, City, State & 44 N. Marsham Street  | & Zip Code):  |  | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):   |                          |  |                             |                                     |
| Romney, WV  | ZIPCODE 26  | 757  | ZIPCODE  |                          |  |                             | ZIPCODE                             |
| County of Residence or of the Principal Place of Bus<br>Hampshire   | siness:   |  | County of Re   | esidenc                  | e or of the Principal Pla                      | ace of Busin                | ess:                                |
| Mailing Address of Debtor (if different from street a   | iddress)  |  | Mailing Add  | ress of                  | Joint Debtor (if differe                       | nt from stree               | et address):                        |
|   | ZIPCODE   |  |  |                          |  | 2                           | ZIPCODE                             |
| Location of Principal Assets of Business Debtor (if o   | different from str  | eet address ab   | oove):   |                          |  | _                           |                                     |
| Tune of Dekton  |   | Nature of B  |  |                          | Chantar of P                                   |                             | ZIPCODE                             |
| <b>Type of Debtor</b> (Form of Organization)  |   | (Check one   |  |                          |  |                             | Code Under Which<br>Check one box.) |
| (Check one box.)  ☐ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP)  ☐ Partnership  ☐ Other (If debtor is not one of the above entities,   |   |  | te as defined in   | 11                       | Chapter 7                                      |                             |                                     |
| check this box and state type of entity below.)  Clearing Bank Other  Tax-Exemp (Check box, if a Debtor is a tax-exempt Title 26 of the United S Internal Revenue Code  |   |  | pt Entity applicable.) to reganization under States Code (the  debts, defined in 11 U.S.C. \$ 101(8) as "incurred by an individual primarily for a personal, family, or house- |                          |  | box.)                       |                                     |
| Filing Fee (Check one box)  |   |  | <i>,</i> .   | Chapter 11 Debtors       |  |                             |                                     |
| <ul> <li>✓ Full Filing Fee attached</li> <li>☐ Filing Fee to be paid in installments (Applicable tonly). Must attach signed application for the court consideration certifying that the debtor is unable to except in installments. Rule 1006(b). See Official</li> </ul> | box: s a small business debtor as defined in 11 U.S.C. § 101(51D). s not a small business debtor as defined in 11 U.S.C. § 101(51D). s aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less 343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). |  |  |                          |  |                             |                                     |
| ☐ Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  Check all a ☐ A plan is ☐ Acceptant  |   |  | applicable boxes: s being filed with this petition ances of the plan were solicited prepetition from one or more classes of creditors, in nce with 11 U.S.C. § 1126(b).        |                          |  |                             |                                     |
| Statistical/Administrative Information  Debtor estimates that funds will be available for Debtor estimates that, after any exempt property distribution to unsecured creditors.   |   |  |  | , there v                | will be no funds availab                       | ble for                     | THIS SPACE IS FOR<br>COURT USE ONLY |
| Estimated Number of Creditors   |   |  | Г  | _                        |  |                             |                                     |
| 1-49 50-99 100-199 200-999 1,00<br>5,00   |   |  | ,001-  | <br>25,001-<br>50,000    | 50,001-<br>100,000                             | Over 100,000                |                                     |
| Estimated Assets  |   | 000,001 \$5<br>50 million \$1  | 0,000,001 to   | ]<br>\$100,00<br>o \$500 | 00,001 \$500,000,001<br>million to \$1 billion | More than                   |                                     |
| Estimated Liabilities  So to \$60,000 \$100,000 \$500,000 \$1 million \$10  |   |  |  |                          | 04.601/\$50,500;004<br>300;001 to \$1 billion  | 1:1137e than<br>\$1 billion | esc Main                            |

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| Voluntary Petition (This page must be completed and filed in every case)   | Name of Debtor(s):  Hott, Shirley Ann   |  |  |
|--|---|--|--|
| Prior Bankruptcy Case Filed Within Last 8  | <b>Years</b> (If more than two, attach  | additional sheet)  |  |
| Location Where Filed: None   | Case Number:  | Date Filed:  |  |
| Location<br>Where Filed:   | Case Number:  | Date Filed:  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor (If mo   | re than one, attach additional sheet)                      |  |
| Name of Debtor: None   | Case Number:  | Date Filed:  |  |
| District:  | Relationship:   | Judge:   |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition. | Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. |  |  |
|  | X /s/ Brian J. Vance Signature of Attorney for Debtor(s)  | 4/01/10 Date   |  |
| (To be completed by every individual debtor. If a joint petition is filed, ex<br>✓ Exhibit D completed and signed by the debtor is attached and ma   |   | nch a separate Exhibit D.)                                 |  |
| If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attach  | ed a made a part of this petition.  |  |  |
|  | ng the Debtor - Venue   |  |  |
| (Check any a)  ✓ Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180   |   | is District for 180 days immediately                       |  |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general  | partner, or partnership pending in  | this District.   |  |
| Debtor is a debtor in a foreign proceeding and has its principal pl<br>or has no principal place of business or assets in the United States<br>in this District, or the interests of the parties will be served in reg   | but is a defendant in an action or pr   | oceeding [in a federal or state court]                     |  |
| Certification by a Debtor Who Reside (Check all app  Landlord has a judgment against the debtor for possession of deb  | olicable boxes.)  |  |  |
| (Name of landlord or less  | or that obtained judgment)  |  |  |
| · ·  | adlord or lessor)   |  |  |
| □ Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos □ Debtor has included in this petition the deposit with the court of filing of the petition.  Case 3:10-bk-00745 Doc 1 Filed 04/01/1   | session, after the judgment for pos<br>any rent that would become due du  | session was entered, and uring the 30-day period after the |  |

### **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s): **Hott, Shirley Ann** 

### Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Shirley Ann Hott

Signature of Debtor

**Shirley Ann Hott** 

X

Signature of Joint Debtor

(304) 822-4329

Telephone Number (If not represented by attorney)

April 1, 2010

Date

### Signature of Attorney\*



X /s/ Brian J. Vance

Signature of Attorney for Debtor(s)

Brian J. Vance 10279 Sherman Law Firm Lawrence E. Sherman P.O. Box 1810 Romney, WV 26757

Bvance@leshermanlaw.com

April 1, 2010

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

| I request relief in accordance with chapter 15 of title 11, United   |
|--|
| States Code. Certified copies of the documents required by 11 U.S.C. |
| § 1515 are attached.   |

| Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the   |
|---|
| chapter of title 11 specified in this petition. A certified copy of the |
| order granting recognition of the foreign main proceeding is attached.  |

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Date Case 3:10-bk-00745 Doc 1 Filed 04/01/10 Entered 04/01/10 10:04:13 Desc Main Document Page 15 of 46

# **United States Bankruptcy Court Northern District of West Virginia**

| IN RE:            |           | Case No   |
|-------------------|-----------|-----------|
| Hott, Shirley Ann |           | Chapter 7 |
| ·                 | Debtor(s) | •         |
|                   |           |           |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE CREDIT COUNSELING REQUIREMENT

| Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.   |
|---|
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.   |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.  |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.  |
| □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]   |
|   |
| If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
| Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);   |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);   |
| Active military duty in a military combat zone.   |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |
|   |

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Shirley Ann Hott

Date: April 1, 2010

## **United States Bankruptcy Court Northern District of West Virginia**

| IN RE:            |           | Case No   |
|-------------------|-----------|-----------|
| Hott, Shirley Ann |           | Chapter 7 |
| ·                 | Debtor(s) |           |

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS       | LIABILITIES  | OTHER       |
|--|----------------------|---------------------|--------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 0.00      |              |             |
| B - Personal Property  | Yes                  | 3                   | \$ 10,128.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |              |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |              | \$ 26,036.66 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |              | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 5                   |              | \$ 58,270.85 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |              |              |             |
| H - Codebtors  | Yes                  | 1                   |              |              |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |              |              | \$ 1,094.19 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |              |              | \$ 1,296.72 |
|  | TOTAL                | 16                  | \$ 10,128.00 | \$ 84,307.51 |             |

# **United States Bankruptcy Court Northern District of West Virginia**

| IN RE:  | Case No  |  |  |
|---|--|--|--|
| Hott, Shirley Ann   | Chapter 7  |  |  |
| Debtor(s)   |  |  |  |
| STATISTICAL SUMMARY OF CERTAIN LIABILIT   | IES AND RELATED DATA (28 U.S.C. § 159)                       |  |  |
| If you are an individual debtor whose debts are primarily consumer debts 101(8)), filing a case under chapter 7, 11 or 13, you must report all information of the contract of | - · · · · · · · · · · · · · · · · · · ·                      |  |  |
| Check this box if you are an individual debtor whose debts are NOT information here.  | primarily consumer debts. You are not required to report any |  |  |
| This information is for statistical purposes only under 28 U.S.C. § 15  | 9.   |  |  |

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

# **State the following:**

| Average Income (from Schedule I, Line 16)   | \$<br>1,094.19 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>1,296.72 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                |
| Line 20)  | \$<br>1,430.95 |

## State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>20,986.66 |
|--|---------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00      |
| 4. Total from Schedule F   |         | \$<br>58,270.85 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>79,257.51 |

Case No.

(If known)

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| None                                 |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
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|                                      |  |                                       |  |                            |

\_\_\_\_ Case No.

Debtor(s)

(If known)

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | Cash on hand \$10.00   |                                       | 10.00  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |                  | Checking Account - The Bank of Romney, P.O. Box 876, Romney, WV 26757-0876. (304) 822-3541. Shirley A. Hott Account Number: XXXX783. |                                       | 400.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X                |  |                                       |  |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | Dell Laptop Computer<br>Misc Furniture   |                                       | 50.00<br>2,735.00  |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.   |                  | Misc pictures and niknacs  |                                       | 175.00   |
| 6.  | Wearing apparel.  |                  | Misc Women's Clothing  |                                       | 100.00   |
| 7.  | Furs and jewelry.   |                  | Misc Jewelry   |                                       | 500.00   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | Х                |  |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |  |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | X                |  |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |  |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | Х                |  |                                       |  |
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# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--|---------------------------------------|--|
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |  |                                       |  |
| 16. | Accounts receivable.  |                  | 2009 Federal Tax Refund  |                                       | 970.00   |
|     |   |                  | 2009 West Virginia State Tax Refund  |                                       | 118.00   |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | Х                |  |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |  |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |  |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |  |                                       |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |  |                                       |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |  |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |  |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2003 Skyline Mobile Home   |                                       | 5,000.00   |
|     |   |                  | ** Mobile home is located on Lot number 11 in Judy's Mobile<br>Home Trailer Court in Shanks, West Virginia |                                       |  |
| 26. | Boats, motors, and accessories.   | X                |  |                                       |  |
|     | Aircraft and accessories.   | X                |  |                                       |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |  |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |  |                                       |  |
| 30. | Inventory.  | X                |  |                                       |  |
| 31. | Animals.  | X                |  |                                       |  |
|     | Case 3:10-bk-00745  | D                | pc 1 Filed 04/01/10 Entered 04/01/10 10:04:13  Document Page 21 of 46                                      | Des                                   | c Main   |

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# **SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet)

| TOTAL 10,128.00   |  |                  |                                      | Ž,                                    |   |
|---|--|------------------|--------------------------------------|---------------------------------------|---|
| particulars. 33. Faming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Hemize. 4 2 Gas Weed Eaters Push Lawn Mower 50.00   | TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR |
| 33. Farmispequipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Hemize.  2 Gas Weed Eaters Push Lawn Mower  2 Gas Weed Eaters Push Lawn Mower  2 Gas Weed Eaters Push Lawn Mower  3 A Tarming equipment and implements.  4 X X 2 Gas Weed Eaters Push Lawn Mower  5 0.00 | 32. Crops - growing or harvested. Give particulars.                                      | Х                |                                      |                                       |   |
| 35. Other personal property of any kind not already listed. Itemize.  2 Gas Weed Eaters Push Lawn Mower  2 Gas Weed Eaters Push Lawn Mower  2 Gas Weed Eaters Push Lawn Mower  20.00  |  |                  |                                      |                                       |   |
| not already listed. Itemize.  Push Lawn Mower  50.00  |  | X                | 0 Oct Weed 5-4                       |                                       | 00.00   |
|   | <ol> <li>Other personal property of any kind<br/>not already listed. Itemize.</li> </ol> |                  |                                      |                                       |   |
|   |  |                  |                                      |                                       |   |
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|   |  |                  |                                      |                                       |   |
|   |  |                  |                                      |                                       | 40.400.55   |

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(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor elects   | the exemptions | to which | debtor is | entitled | under: |
|-----------------|----------------|----------|-----------|----------|--------|
| (Check one box) | _              |          |           |          |        |

Check if debtor claims a homestead exemption that exceeds \$146,450. \*

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY  | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--------------------------------------|-------------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY   |                                      |                               |  |
| Cash on hand \$10.00   | WVC § 38-10-4(e)                     | 10.00                         | 10.0   |
| Checking Account - The Bank of Romney, P.O. Box 876, Romney, WV 26757-0876. (304) 822-3541. Shirley A. Hott Account Number: XXXX783. | WVC § 38-10-4(e)                     | 400.00                        | 400.0  |
| Misc Furniture   | WVC § 38-10-4(c)                     | 2,735.00                      | 2,735.0  |
| Misc pictures and niknacs  | WVC § 38-10-4(e)                     | 175.00                        | 175.0  |
| Misc Women's Clothing  | WVC § 38-10-4(i)                     | 100.00                        | 100.0  |
| Misc Jewelry   | WVC § 38-10-4(d)                     | 500.00                        | 500.0  |
| 2009 Federal Tax Refund  | WVC § 38-10-4(e)<br>WVC § 38-10-4(a) | 145.00<br>825.00              | 970.0  |
| 2009 West Virginia State Tax Refund  | WVC § 38-10-4(a)                     | 118.00                        | 118.0  |
| 2 Gas Weed Eaters  | WVC § 38-10-4(e)                     | 20.00                         | 20.0   |
| Push Lawn Mower  | WVC § 38-10-4(e)                     | 50.00                         | 50.0   |
|  |                                      |                               |  |
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|  |                                      |                               |  |

Case No.

(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT   | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|--------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 6879 4501 1901 9689 292  |          |                                       | Dell Laptop Computer   |              |              | T        | 1,036.66  | 986.66                       |
| Dell Financial Services<br>P.O. Box 81577<br>Austin, TX 78708-1577   |          |                                       | VALUE \$ <b>50.00</b>  |              |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | $\dagger$    | t            | t        |   |                              |
| Pentagroup Financial, LLC<br>3065 Union Road<br>Orchard Park, NY 14127                                     |          |                                       | Dell Financial Services  |              |              |          |   |                              |
|  |          |                                       | VALUE \$   |              |              |          |   |                              |
| ACCOUNT NO. 0011616300020  |          |                                       | 2003 Skyline Mobile Home   |              |              |          | 25,000.00   | 20,000.00                    |
| FNB Bank, Inc<br>105 North High Street<br>Romney, WV 26757   |          |                                       | VALUE \$ <b>5,000.00</b>   |              |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE # 3,000.00   | +            | H            | H        |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE \$   |              |              |          |   |                              |
| <b>0</b> continuation sheets attached  |          |                                       | (Total of t  | Sul<br>his 1 |              |          | \$ 26,036.66  | \$ 20,986.66                 |
|  |          |                                       | (Use only on l   |              | Tot          | al       | s 26.036.66   | \$ 20.986.66                 |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related

Debtor(s)

Case No. (If known)

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).    |
| Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
| Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
| Claims for Death or Personal Injury While Debtor Was Intoxicated   |

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol,

a drug, or another substance, 11 U.S.C. § 507(a)(10).

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### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>5490-3524-0032-3037</b>   |          |                                       | Credit Card  |            |              |          |                       |
| Bank Of America<br>P.O. Box 15026<br>Wilmington, DE 19850-5026   |          |                                       |  |            |              |          | 4,399.40              |
| ACCOUNT NO. <b>751064</b>  |          |                                       | Open account opened 9/08   | П          | П            |          |                       |
| Cfw Credit And Collectio<br>Pob 2162<br>Hagerstown, MD 21742   |          |                                       |  |            |              |          | 42.00                 |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | П          | П            |          |                       |
| Piedmont Medical Lab<br>333 West Cork Street<br>Winchester, VA 22601                                     |          |                                       | Cfw Credit And Collectio   |            |              |          |                       |
| ACCOUNT NO. <b>601100356005</b>  |          |                                       | Revolving account opened 6/90  | Н          | П            | 1        |                       |
| Discover Fin Svcs Llc<br>Po Box 15316<br>Wilmington, DE 19850  |          |                                       |  |            |              |          | 10,706.00             |
|  |          |                                       |  | LLI<br>Sub | tota         |          | 10,700.00             |
| 4 continuation sheets attached   |          |                                       | (Total of th   |            |              | - 1      | \$ 15,147.40          |
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|  |          |                                       | the Summary of Schedules and, if applicable, on the St   | atis       | tica         | ıl       |                       |
|  |          |                                       | Summary of Certain Liabilities and Related   | d D        | ata.         | )        | \$                    |

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

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|--|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>000006116163</b>  |          |                                       | 2005 Chevrolet Equinox - repossessed 08/13/2009.   |            |              |          |                       |
| FNB Bank, Inc<br>105 North High Street<br>Romney, WV 26757   |          |                                       |  |            |              |          | 18,500.00             |
| ACCOUNT NO. 1487   |          |                                       | Open account opened 1/09   |            |              | +        | 10,000.00             |
| Focused Recovery Solut<br>97 Metropolitan Co<br>Richmond, VA 23236                                       |          |                                       |  |            |              |          | 71.00                 |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |            |              | +        |                       |
| Hampshire Rural Health Clinic<br>549 Center Avenue Romney<br>Romney, WV 26757                            |          |                                       | Focused Recovery Solut   |            |              |          |                       |
| ACCOUNT NO. <b>5499-4410-0957-0089</b>   |          |                                       | Credit Card  |            |              | 1        |                       |
| GM Card<br>P.O. Box 80082<br>Salinas, CA 93912   |          |                                       |  |            |              |          | 4 000 00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |            |              | +        | 4,993.69              |
| Arrow Financial Services LLC<br>5996 W. Touhy Avenue<br>Niles, IL 60714                                  |          |                                       | GM Card  |            |              |          |                       |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |            |              | +        |                       |
| Booth & McCarthy<br>901 West Main St, Suite 201<br>P.O. Box 4669<br>Bridgeport, WV 26330                 |          |                                       | GM Card  |            |              |          |                       |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | H          |              | +        |                       |
| Redline Recovery Services, LLC. 11675 Rainwater Dr Ste 350 Alpharetta, GA 30009-8693                     |          |                                       | GM Card  |            |              |          |                       |
| Sheet no. 1 of 4 continuation sheets attached  |          |                                       | (Total of th   | Subt       |              | - 1      | 23.564.69             |

Schedule of Creditors Holding Unsecured Nonpriority Claims

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | ((                                    | Continuation Sheet)  |                   |            |              |           |                       |
|---|----------|---------------------------------------|--|-------------------|------------|--------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | ST. CLOS BALL CO. | CONTINGENT | UNLIQUIDATED | DISPUTED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>7005608</b>  |          |                                       | Medical Service  |                   |            | ٦            | T         |                       |
| Hampshire Memorial Hospital<br>Valley Health<br>P.O. Box 2780<br>Winchester, VA 22604                       |          |                                       |  |                   |            | ì            |           | 2,467.39              |
| ACCOUNT NO. <b>7005469</b>  |          |                                       | Medical Service  |                   |            |              | T         |                       |
| Hampshire Memorial Hospital<br>Valley Health<br>P.O. Box 2780<br>Winchester, VA 22604                       |          |                                       |  |                   |            | ì            |           | 158.00                |
| ACCOUNT NO. 6998396   | +        |                                       | Medical Service  |                   | 1          |              | $\forall$ | 100.00                |
| Hampshire Memorial Hospital<br>Valley Health<br>P.O. Box 2780<br>Winchester, VA 22604                       |          |                                       |  |                   |            | ì            |           | 704.00                |
| ACCOUNT NO. <b>5254-7800-0021-7454</b>  |          |                                       | Credit Card  |                   |            |              |           |                       |
| HSBC<br>GM Flexible Earnings Card<br>P.O. Box 80082<br>Salinas, CA 93912-0082                               |          |                                       |  |                   |            | 1            |           | 723.08                |
| ACCOUNT NO. 190-175-029-71  |          |                                       | Credit Card  |                   |            |              | $\forall$ |                       |
| JC Penny GE Money<br>P.O. Box 103104<br>Roswell, GA 30076   |          |                                       |  |                   |            | ì            |           | 679 29                |
| ACCOUNT NO. <b>4940-6523-3548-0813</b>  | +        |                                       | Credit Card  |                   |            |              | $\dashv$  | 679.29                |
| Lowes P.O. Box 103104 Roswell, GA 30076   |          |                                       |  |                   |            |              |           | 251.92                |
| ACCOUNT NO.   | +        | <del> </del>                          | Assignee or other notification for:  |                   | $\dashv$   | $\dashv$     | $\dashv$  | 201.32                |
| Nationwide Credit, Inc<br>2015 Vaughn Rd NW, Ste 400<br>Kennesaw, GA 30144-7802                             |          |                                       | Lowes  |                   |            |              |           |                       |
| Sheet no. 2 of 4 continuation sheets attached to  |          |                                       | (T   |                   |            | tota         |           | \$ 4,983.68           |
| Sheet no. 2 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Tota  | Su<br>al of this  |            |              |           | \$ 4,9                |

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)  |                       |            |              |           |                       |
|--|----------|---------------------------------------|--|-----------------------|------------|--------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)       | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | THE CLUB CALLED COLOR | CONTINGENT | UNLIQUIDATED | DISPUTED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>038115124-A2</b>  |          |                                       | Credit Card  |                       |            |              |           |                       |
| Masseys<br>P.O. Box 8959<br>Madison, WI 53708-8959   |          |                                       |  |                       |            |              |           | 469.70                |
| ACCOUNT NO. SHIRLEY HOTT   | +        |                                       | Medical Service  |                       |            |              | $\dagger$ |                       |
| S. Philip Razzook, M.D., F.A.C.S.<br>97 S. Bolton St<br>Romney, WV 26757                                       |          |                                       |  |                       |            |              |           | 200.00                |
| ACCOUNT NO. 5121-0750-5628-2796  |          |                                       | Credit Card  |                       |            |              | +         | 200.00                |
| Sears<br>Citi<br>P.O. Box 6282<br>Sioux Falls, SD 57117  |          |                                       |  |                       |            |              |           | 1,897.89              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                       |            |              |           |                       |
| GC Services Limited Partnership<br>Collection Agency Division<br>P.O. Box 2667 (064)<br>Houston, TX 77252-2667 |          |                                       | Sears  |                       |            |              |           |                       |
| ACCOUNT NO. <b>86852348057O</b>  |          |                                       | Credit Card  |                       |            |              |           |                       |
| Seventh Avenue<br>1112 7th Avenue<br>Monroe, WI 53566-1364   |          |                                       |  |                       |            |              |           | 788.18                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                       |            |              | $\dagger$ |                       |
| NCO Financial Systems, Inc<br>507 Prudentail Road<br>Horsham, PA 19044   |          |                                       | Seventh Avenue   |                       |            |              |           |                       |
| ACCOUNT NO. 868 523 480 8530   | +        |                                       | Credit Card  |                       | +          |              | +         |                       |
| Through The Country Door<br>1112 7th Avenue<br>Monroe, WI 53566-1364   |          |                                       |  |                       |            |              |           |                       |
|  |          |                                       |  |                       |            |              |           | 278.37                |
| Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claim     |          |                                       | (Tota  | Su<br>al of this      |            | ota          | - 1       | 3,634.14              |

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | ((                                    | Continuation Sheet)  |            |              |           |                       |
|--|----------|---------------------------------------|--|------------|--------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPITED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>4692-2694-8302-7955</b>   |          |                                       | Credit Card  |            | Ť            | Ť         |                       |
| US Bank<br>P.O. Box 6335<br>Fargo, ND 58125-6333   |          |                                       |  |            |              |           | 7,303.                |
| ACCOUNT NO. <b>7005608</b>   |          |                                       | Medical Service  |            | +            | _         | 1,000.                |
| Valley Health<br>Hampshire Memorial Hospital<br>P.O. Box 2780<br>Winchester, VA 22604                    |          |                                       |  |            |              |           | 2,467.                |
| ACCOUNT NO. <b>7005469</b>   |          |                                       | Medical Service  |            | t            | ╁         | , -                   |
| Valley Health<br>Hampshire Memorial Hospital<br>P.O. Box 2780<br>Winchester, VA 22604                    |          |                                       |  |            |              |           | 158.                  |
| ACCOUNT NO. <b>6998396</b>   |          |                                       | Medical Service  |            | Ť            | Ť         |                       |
| Valley Health<br>Hampshire Memorial Hospital<br>P.O. Box 2780<br>Winchester, VA 22604                    |          |                                       |  |            |              |           | 704.                  |
| ACCOUNT NO. <b>9716444</b>   |          |                                       | Medical Service  |            | t            | $\dagger$ | 1011                  |
| Valley Health<br>Winchester Medical Center<br>1840 Amherst Street<br>Winchester, VA 22601                |          |                                       |  |            |              |           | 154.                  |
| ACCOUNT NO. <b>9716444</b>   |          |                                       | Medical Service  |            | T            | T         |                       |
| Valley Health<br>Winchester Medical Center<br>1840 Amherst Street<br>Winchester, VA 22601                |          |                                       |  |            |              |           | 154.                  |
| ACCOUNT NO.  |          |                                       |  |            | T            |           | 1.54                  |
|  |          |                                       |  |            |              |           |                       |
| Sheet no. 4 of 4 continuation sheets attached  | l to     |                                       |  | Su         | hto.         | u<br>tal  |                       |

**4** of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal

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| IN RE Hott, Shirley Ann |           | Case No. |            |
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|                         | Debtor(s) |          | (If known) |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING<br>OF OTHER PARTIES TO LEASE OR CON |                  | DESCRIPTION OF CONTRACT OR LEASE AND NATU<br>STATE WHETHER LEASE IS FOR NONRESIDEN<br>STATE CONTRACT NUMBER OF ANY GOVER | TIAL REAL PROPERTY. |
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| IN RE Hott, Shirley Ann |           | Case No. |            |
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|                         | Debtor(s) |          | (If known) |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS C | OF CODEBTOR |          | NAME AND ADDRES        | SS OF CREDITOR |
|--------------------|-------------|----------|------------------------|----------------|
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IN RE Hott, Shirley Ann

Debtor(s)

Case No.

(If known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C,

| Debtor's Marital Status  |  | DEPENDENTS OF DEB   | TOR AND  | SPOUS                | Е                                    |   |
|--|--|---|----------|----------------------|--------------------------------------|---|
| Divorced   |  | RELATIONSHIP(S):  |          |                      |                                      | AGE(S):                                 |
| EMPLOYMENT:  |  | DEBTOR  |          |                      | SPOUSE                               |   |
| Occupation Name of Employer How long employed Address of Employer  | Sales Clerk<br>7-Eleven Inc<br>2 years and 4<br>209 West Mai<br>Romney, WV | n Street  |          |                      |                                      |   |
|  | gross wages, sa  | r projected monthly income at time case filed)<br>lary, and commissions (prorate if not paid monthly)   | :<br>:   | \$<br>\$             | DEBTOR<br>1,341.61<br>89.34          |   |
| <ul><li>3. SUBTOTAL</li><li>4. LESS PAYROLI</li><li>a. Payroll taxes a</li><li>b. Insurance</li><li>c. Union dues</li><li>d. Other (specify)</li></ul> | nd Social Secur  | ed .  | <u>.</u> | \$<br>\$<br>\$<br>\$ | 1,430.95<br>278.57<br>38.91<br>19.28 | \$<br>\$<br>\$<br>\$                    |
| 5. SUBTOTAL O  | F PAYROLL I  | DEDUCTIONS  |          | \$                   | 336.76                               | \$                                      |
| 6. TOTAL NET M   | IONTHLY TA   | KE HOME PAY   | 2        | \$                   | 1,094.19                             | \$                                      |
| 8. Income from rea<br>9. Interest and divid<br>10. Alimony, maint<br>that of dependents  | I property<br>lends<br>enance or suppo<br>listed above                     | of business or profession or farm (attach detailed states or payments payable to the debtor for the debtor's uncertainty of the debtor's uncertainty. |          | \$<br>\$<br>\$       |                                      | \$<br>\$<br>\$                          |
| 11. Social Security (Specify)  |  | ment assistance   |          | \$<br>\$<br>\$       |                                      | \$<br>\$<br>\$                          |
| 13. Other monthly i  |  |   |          | \$<br>\$<br>\$       |                                      | \$<br>\$<br>\$                          |
| 14. SUBTOTAL C<br>15. AVERAGE M  |  | HROUGH 13 COME (Add amounts shown on lines 6 and 14)  | 9        | \$<br>\$             | 1,094.19                             | \$<br>\$                                |
|  |  | ONTHLY INCOME: (Combine column totals from tal reported on line 15)   |          | Report als           | \$                                   | 1,094.19 redules and, if applicable, on |

Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

Debtor(s)

Case No. (If known)

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, |
|--|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed          |
| on Form22A or 22C.   |

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$         | 140.00   |
|---|------------|----------|
| a. Are real estate taxes included? Yes No   |            |          |
| b. Is property insurance included? Yes No 2. Utilities:   |            |          |
| a. Electricity and heating fuel   | •          | 167.00   |
| b. Water and sewer  | φ ——<br>\$ | 107.00   |
| c. Telephone  | Ψ          |          |
| d. Other  | Ψ ——       |          |
| u. Oulci  | — ¢ —      |          |
| 3. Home maintenance (repairs and upkeep)  | \$         | 50.00    |
| 4. Food   | Ψ          | 200.00   |
| 5. Clothing   | Φ          | 10.00    |
| 6. Laundry and dry cleaning   | φ          | 10.00    |
| 7. Medical and dental expenses  | φ ——       | 100.00   |
| 8. Transportation (not including car payments)  | ф —        | 125.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | φ ——       | 123.00   |
| 10. Charitable contributions  | \$<br>\$   |          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                                       | <b>»</b>   |          |
| a. Homeowner's or renter's  | ¢          | 20.00    |
| a. Homeowner's or renter's  b. Life   | э —        | 30.00    |
| 0.2.10  | э —        |          |
| c. Health   | ş —        |          |
| d. Auto   | \$         |          |
| e. Other  | \$         |          |
| 10 Th ( ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | \$         |          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   | ф          | 05.00    |
| (Specify) Real Estate   | \$         | 25.00    |
| Personal Property   | \$         | 23.00    |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) a. Auto | \$         |          |
| b. Other FNB Bank, Inc - Trailer Payment  | \$         | 416.72   |
|   | <u>\$</u>  |          |
| 14. Alimony, maintenance, and support paid to others  | s          |          |
| 15. Payments for support of additional dependents not living at your home   | \$         |          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)                    | \$         |          |
| 17. Other   | Φ          |          |
|   | <u>\$</u>  |          |
|   | š          |          |
|   | — ¥ —      |          |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if                  |            |          |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.                                     | \$         | 1,296.72 |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None

### 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I

b. Average monthly expenses from Line 18 above

c. Monthly net income (a. minus b.)

\$ Entered 04/01/10 10:04:13 Filed 04/01/10 Desc Main Document

1,296.72

Case 3:10-bk-00745

applicable, on the Statistical Summary of Certain Liabilities and Related Data.

| IN RE Hott, Shirley A | nı |
|-----------------------|----|
|-----------------------|----|

| 1) | btor | 6) |
|----|------|----|
| DC | o    | 01 |

| _    |    |        |  |
|------|----|--------|--|
| Case | NI | $\sim$ |  |
| Lase | IN | ()     |  |

(If known)

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of18 sheets, and that they are   |
|--|
| true and correct to the best of my knowledge, information, and belief.   |
| Date: April 1, 2010 Signature: /s/ Shirley Ann Hott  |
| Shirley Ann Hott Debto   |
| Date: Signature:   |
| (Joint Debtor, if any [If joint case, both spouses must sign.]   |
| DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)   |
| I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. |
| Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)  |
| If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal responsible person, or partner who signs the document.   |
| Address  |
| Signature of Bankruptcy Petition Preparer Date   |
| Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition prepared is not an individual:  |
| If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.   |
| A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines of imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.   |
| DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP   |
| I, the (the president or other officer or an authorized agent of the corporation or a  |
| member or an authorized agent of the partnership) of the   |
| Date: Signature:   |
|  |

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[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

## **United States Bankruptcy Court Northern District of West Virginia**

| IN RE:            |           | Case No.  |
|-------------------|-----------|-----------|
| Hott, Shirley Ann |           | Chapter 7 |
|                   | Debtor(s) | 1         |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3,939.91 2010: Year to Date - 7-Eleven Inc.

16,197.38 2009: 7-Eleven Inc. \$15,815.55; Sorrento Corporation \$381.83

17,236.97 2008: 7-Eleven Inc. \$14,962.97; Shirley's Diner LLC \$1,350.00: The Potomac Edison Company DBA

Alleghney Power \$924.00

### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| None         | b. Design whose decis are not primarily consumer decis. East each payment of other transfer to any creates made within 30 days inimediately |  |  |  |
|--------------|---|--|--|--|
|              | * Amount subject to adjustment on 4/01/13, and every  | v three years thereafter with respec   | et to cases commenced on or after the date of adjustment.  |  |
| None         |   | er chapter 12 or chapter 13 must in  | nmencement of this case to or for the benefit of creditors iclude payments by either or both spouses whether or not  )   |  |
| 4. Su        | its and administrative proceedings, executions, garr  | nishments and attachments  |  |  |
| None         |   | er 12 or chapter 13 must include in  | within <b>one year</b> immediately preceding the filing of this information concerning either or both spouses whether or ided.)  |  |
| None         |   | ing under chapter 12 or chapter 13   | quitable process within <b>one year</b> immediately preceding must include information concerning property of either and a joint petition is not filed.)                           |  |
| 5. Re        | possessions, foreclosures and returns   |  |  |  |
| None         | the seller, within one year immediately preceding the   | e commencement of this case. (Ma   | ferred through a deed in lieu of foreclosure or returned to arried debtors filing under chapter 12 or chapter 13 must at petition is filed, unless the spouses are separated and a |  |
| FNB<br>105 I | IE AND ADDRESS OF CREDITOR OR SELLER<br>Bank, Inc<br>North High Street<br>Iney, WV 26757  | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN<br>08/13/2009 | DESCRIPTION AND VALUE OF PROPERTY 2005 Equinox - \$19,000  |  |
| 6. As        | signments and receiverships   |  |  |  |
| None         |   | must include any assignment by eit   | s immediately preceding the commencement of this case. ther or both spouses whether or not a joint petition is filed,  |  |
| None         |   | nder chapter 12 or chapter 13 must   | inted official within <b>one year</b> immediately preceding the include information concerning property of either or both point petition is not filed.)                            |  |
| 7. Gi        | fts   |  |  |  |
| None         | gifts to family members aggregating less than \$200 in  | value per individual family member 2 or chapter 13 must include gifts of       | ne commencement of this case except ordinary and usual er and charitable contributions aggregating less than \$100 or contributions by either or both spouses whether or not )     |  |
| 8. Lo        | sses  |  |  |  |
| None         |   | under chapter 12 or chapter 13 mu  | preceding the commencement of this case <b>or since the</b> st include losses by either or both spouses whether or not )   |  |
| 9. Pa        | yments related to debt counseling or bankruptcy   |  |  |  |
| None         |   |  | ns, including attorneys, for consultation concerning debt<br>thin <b>one year</b> immediately preceding the commencement   |  |

NAME AND ADDRESS OF PAYEE Sherman Law Firm P.O. Box 1810

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR **01/20/2010** 

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY **850.00** 

01/12/2010

50.00

### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CD

NAME AND ADDRESS OF INSTITUTION

**FNB Bank, Inc** 105 North High Street Romney, WV 26757

**FNB Bank, Inc** P.O. Box 1037 Romney, WV 26757 TYPE AND NUMBER OF ACCOUNT AMOUNT AND DATE OF SALE OR CLOSING AND AMOUNT OF FINAL BALANCE

\$5,735.00 / August 2009

Checking Account / 7457548 \$2.24. Closed 03/23/2010

### 12. Safe deposit boxes



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.

# $\checkmark$

### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

# 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Donald E. Kinnie

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 $\checkmark$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

 $\checkmark$ 

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

### 18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 $\checkmark$ 

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: April 1, 2010 | Signature /s/ Shirley Ann Hott |                  |
|---------------------|--------------------------------|------------------|
|                     | of Debtor                      | Shirley Ann Hott |
| Date:               | Signature                      |                  |
|                     | of Joint Debtor                |                  |
|                     | (if any)                       |                  |
|                     | O continuation pages attached  |                  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

# United States Bankruptcy Court Northern District of West Virginia

|   | Northern Distr                          | rict of West Virgin    | ia   |  |
|---|---|------------------------|--|--|
| IN RE:  |   |                        | Case No  |  |
| Hott, Shirley Ann   |   |                        | Chapter <b>7</b>   |  |
|   | Debtor(s)                               |                        |  |  |
| CHAPTE  | CR 7 INDIVIDUAL DEBT                    | TOR'S STATEME          | ENT OF INTENTION   |  |
| <b>PART A</b> – Debts secured by proper estate. Attach additional pages if no               |   | be fully completed for | or <b>EACH</b> debt which is secured by property of the              |  |
| Property No. 1  |   |                        |  |  |
| Creditor's Name: Dell Financial Services  |   |                        | Describe Property Securing Debt: Dell Laptop Computer                |  |
| Property will be (check one):  Surrendered Retained   |   |                        |  |  |
| If retaining the property, I intend to Redeem the property Reaffirm the debt Other. Explain | to (check at least one):                | (fo                    | or example, avoid lien using 11 U.S.C. § 522(f)).                    |  |
| Property is (check one): ☐ Claimed as exempt ✓ Not  | claimed as exempt                       |                        |  |  |
| Property No. 2 (if necessary)   |   |                        |  |  |
| Creditor's Name: FNB Bank, Inc  |   | Describe Prope         | rty Securing Debt:   |  |
| Property will be (check one):  Surrendered Retained   |   |                        |  |  |
| If retaining the property, I intend to Redeem the property Reaffirm the debt Other. Explain | to (check at least one):                | (fo                    | or example, avoid lien using 11 U.S.C. § 522(f)).                    |  |
| Property is (check one): ☐ Claimed as exempt ✓ Not one)                                     | claimed as exempt                       |                        |  |  |
| <b>PART B</b> – Personal property subject additional pages if necessary.)                   | et to unexpired leases. (All thre       | ee columns of Part B n | nust be completed for each unexpired lease. Attach                   |  |
| Property No. 1  |   |                        |  |  |
| Lessor's Name:  | Describe Lease                          | ed Property:           | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |
| Property No. 2 (if necessary)   |   |                        |  |  |
| Lessor's Name:  | Describe Lease                          | ed Property:           | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |
| 1 continuation sheets attached (i   | f any)                                  |                        |  |  |
| I declare under penalty of perjur<br>personal property subject to an u                      |   | ny intention as to an  | y property of my estate securing a debt and/or                       |  |
| Date: April 1, 2010   | /s/ Shirley Ann H<br>Signature of Debte |                        |  |  |

# CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

(Continuation Sheet)

# **PART A** – Continuation

| Property No. 3   |   | ]  |  |  |
|--|---|--|--|--|
| Creditor's Name:<br>FNB Bank, Inc  |   | Describe Property Secur<br>2003 Skyline Mobile Hor |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained  |   |  |  |  |
| If retaining the property, I intend to (check a Redeem the property Reaffirm the debt Other. Explain               | t least one):   | (for example                                       | e, avoid lien using 11 U.S.C. § 522(f)).                         |  |
| Property is (check one):  Claimed as exempt Vot claimed as   | exempt  |  |  |  |
| Property No.   |   | ]  |  |  |
| Creditor's Name:   |   | Describe Property Secur                            | ring Debt:   |  |
| Property will be (check one):  Surrendered Retained  |   |  |  |  |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain |   |  |  |  |
| Property is (check one):  Claimed as exempt Not claimed as exempt  |   |  |  |  |
| Property No.   |   |  |  |  |
| Creditor's Name: Describe Property Securing Debt:  |   |  |  |  |
| Property will be (check one):  Surrendered Retained  |   |  |  |  |
| If retaining the property, I intend to (check at least one):  Redeem the property Reaffirm the debt Other. Explain |   |  |  |  |
| Property is (check one):  Claimed as exempt  Not claimed as exempt   |   |  |  |  |
| PART B – Continuation  |   |  |  |  |
| Property No.   | 7   |  |  |  |
| Lessor's Name:   | Describe Leased Property:   |  | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  Yes No |  |
| Property No.   | ]   |  |  |  |
| Lessor's Name:   | Describe Leased Property:  Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |  |  |

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# United States Bankruptcy Court Northern District of West Virginia

| IN RE:                           |   | Case No   |
|----------------------------------|---|---|
| Hott, Shirley Ann                |   | Chapter <b>7</b>                                      |
|                                  | Debtor(s)                                   |   |
|                                  | VERIFICATION OF CREDITO                     | R MATRIX  |
| The above named debtor(s) hereby | verify(ies) that the attached matrix listin | g creditors is true to the best of my(our) knowledge. |
|                                  |   |   |
|                                  |   |   |
| Date: April 1, 2010              | Signature: /s/ Shirley Ann Hott             |   |
|                                  | Shirley Ann Hott                            | Debtor  |
|                                  |   |   |
| Date:                            | Signature:                                  |   |
|                                  |   | Joint Debtor, if any                                  |

Shirley Ann Hott 44 N. Marsham Street Romney, WV 26757

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Booth & McCarthy 901 West Main St, Suite 201 P.O. Box 4669 Bridgeport, WV 26330

Cfw Credit And Collectio Pob 2162 Hagerstown, MD 21742

Dell Financial Services P.O. Box 81577 Austin, TX 78708-1577

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850 FNB Bank, Inc 105 North High Street Romney, WV 26757

Focused Recovery Solut 97 Metropolitan Co Richmond, VA 23236

GC Services Limited Partnership Collection Agency Division P.O. Box 2667 (064) Houston, TX 77252-2667

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Hampshire Memorial Hospital Valley Health P.O. Box 2780 Winchester, VA 22604

Hampshire Rural Health Clinic 549 Center Avenue Romney Romney, WV 26757

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